

FORM NO. 2 MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

WHIT  
N. B.—McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Abbeville  
Township of Bordeaux  
OR  
Inc. Town of ..... Registration District No. 101 Registered No. 61  
(For use of Local Registrar)  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Henry Wicks } If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only  
**41359**

(3) <del>BOY</del> <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 22</u> , 191 <u>2</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>James Wicks</u>			(14) NAME BEFORE MARRIAGE <u>Maryetta Reynolds</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>McComick &amp; Co</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>McComick</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Abbeville County</u>			(18) BIRTHPLACE <u>Abbeville County</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at One P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Dawson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
....., 191....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 3 1916 (28) J. B. Dawson Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

..... Registrar (27) Filed Jan 3 1916 (28) J. B. Dawson Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.